

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/527126** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/						53						
4	/						54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						1
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						